

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**RELOCATION / TRANSFER QUESTIONNAIRE**

**Authorization Number:** \_\_\_\_\_

The information requested below is needed to develop an estimate of the cost of your transfer, as provided for in 5.U.S.C. 5721, et seq, and the pertinent Federal Travel Regulations. A travel authorization will subsequently be prepared by a Relocation Specialist based on these responses. The Relocation Specialist will provide you with an estimate of allowable reimbursements, and any additional information to facilitate your relocation.

We realize that you will not be able to furnish exact information for every item at this time, but provide your best estimate for each item that will be involved in your transfer. Please notify us immediately if significant changes develop which may affect costs such as dates of travel, shipment of household goods, number of dependents or real estate transaction costs.

**Please complete and sign this form and send to:**

**Travel Services Branch, Bureau of the Public Debt, Attn: Relocation Section  
PO Box 1328 , Parkersburg, WV 26106-1328. (\*)**

**(\*) To expedite preparation of the Authorization, please fax the completed form to:  
PCS Travel (Relocation) at 304-480-8480.**

**1. EMPLOYEE INFORMATION:**

Employee Name (First, Last, MI):	_____	SSN # :	_____
Work Phone:	(     ) _____	FAX # :	(     ) _____
Reporting Date:	_____		
Office transferring to:	_____		

**Retirement Plan :**

Civil Service Retirement System (CSRS):	_____
Civil Service Retirement System (CSRS) Offset:	_____
Federal Employees Retirement System (FERS):	_____
Other:	_____

**Employee Pay Grade and Annual Salary at time of Relocation:** \_\_\_\_\_  
(This is required to ensure appropriate Federal taxes are calculated correctly)

**2. OFFICIAL STATION FROM WHICH TRANSFER WILL BE MADE:**

_____	_____	_____
(City)	(County)	(State)

**3. DEPENDENTS RELOCATING:**

<u>Name:</u>	<u>Relationship:</u>	<u>Date of Birth of Children</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For relocating dependents over the age of 21, please state reason for dependency:**

<u>Name</u>	<u>Reason for Dependency</u>
_____	_____
_____	_____
_____	_____

4. **HOUSEHUNTING TRIP:**

If a trip is authorized, and you think you will be taking the trip, please complete the following information:

- a. Trip will be taken by: Employee: \_\_\_\_\_ Spouse: \_\_\_\_\_ Both: \_\_\_\_\_
- b. Number of days required (Not to Exceed 10 Days), including travel time: \_\_\_\_\_
- c. Proposed dates of trip, if approved: \_\_\_\_\_ through \_\_\_\_\_
- d. Proposed modes of transportation:  
\_\_\_\_\_ Privately Owned Vehicle (POV)  
\_\_\_\_\_ Common Carrier (Select one): Air: \_\_\_\_\_ Train: \_\_\_\_\_ Bus: \_\_\_\_\_

The househunting trip for the employee **must** be completed the day prior to reporting for duty at the new permanent location. Your spouse may take the trip with you, or separately, before or after you report to your new permanent location before he/she relocates to the new permanent station. Reimbursement is **not** authorized for children.

You have two options for entitlement: Actual Expense or Fixed Expense. You are authorized actual transportation expenses for either method.

**Actual Expense Per Diem Method**

Househunting for actual expense is authorized not to exceed 10 calendar days based on the locality per diem rate (TDY location rate) for the new official station. Your spouse is authorized 75% of the locality rate for each day. Receipts for lodging, transportation (including rental car if taking air transportation), etc is required.

(Ex. Atlanta, GA Per Diem: \$113 + 43 = \$156)

**Fixed Expense Per Diem Method**

If you and your spouse take the trip together or separately, a single amount is determined by multiplying the applicable locality rate (TDY location rate) by 6.25; or if only you or your spouse take a househunting trip, a single amount is determined by multiplying the applicable locality rate by 5. Receipts for transportation are still required.

Please select the method of Househunting Trip expense you wish to receive:

\_\_\_\_\_ Actual Expense Per Diem Method

\_\_\_\_\_ Fixed Expense Per Diem Method

5. **TRAVEL TO NEW OFFICIAL STATION:** Travel based on CONUS rate

(Every effort should be made for the employee and immediate family to accomplish travel at the same time.)

- a. Will you, and members of your immediate family travel together? \_\_\_\_\_

Please indicate **your** anticipated:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select your mode of transportation:

\_\_\_\_\_ Privately-owned automobile (POV) -

\_\_\_\_\_ If more than one POV, indicate how many needed and provide justification below

\_\_\_\_\_ Common carrier: Air \_\_\_\_\_ Train \_\_\_\_\_ Bus \_\_\_\_\_

If your family is traveling with you and **more than one automobile** is needed, please furnish a **justification** for each vehicle: \_\_\_\_\_

- b. If your **family** will be traveling separately, please complete the following for their travel:

Departure Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Select mode of transportation:

\_\_\_\_\_ Privately-owned automobile (POV)

\_\_\_\_\_ Common carrier: Air \_\_\_\_\_ Train \_\_\_\_\_ Bus \_\_\_\_\_

Please state reason why it is necessary for your family to travel separately: \_\_\_\_\_

- c. If driving, what is your estimated mileage (one way) : \_\_\_\_\_

- d. Do you wish to have POV(s) shipped to your new location? (Yes/No) \_\_\_\_\_ Special Approval from your new Center Approving Official **must** be obtained before this is authorized. If you are requesting this option, please provide a detailed justification for each vehicle: \_\_\_\_\_

6. **TEMPORARY QUARTERS: (ACTUAL EXPENSE METHOD)**

Temporary Quarters actual expense is NTE 60 days unless authorized. Temporary Quarters may be utilized at the old or new duty station. The first 30 days is based on the standard CONUS per diem rate. The spouse and children 12 years of age and older are allowed 75% of the employee rate. Children under 12 years of age receive 50% of the employee rate. Subsequent 30 day claims are reduced as follows: 75% of the CONUS per diem rate for the employee, 50% of the CONUS per diem rate for spouse and children 12 years of age and older, and 40% of the CONUS per diem rate for children under 12 years of age.

(Itemized receipts are required. Refer to the Relocation Guide)

<u>Name</u>	<u>Location</u>	<u>Estimated# of Days</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TEMPORARY QUARTERS: (FIXED EXPENSE METHOD)**

Temporary Quarters fixed expense is a one time NTE 30 days entitlement. This entitlement is based on the per diem rate (same as the TDY rate) of the location you are being relocated to. The employee will receive 75% of the locality rate, the spouse and children (regardless of age) will each receive 25% of the locality rate. This is calculated by taking the entitlement for one day times the percentage each eligible individual is allowed, times the number of days needed for temporary quarters, not to exceed the 30 days allowable.

(Itemized receipts are NOT required for FIXED. Refer to the Relocation Guide)

Please select the method of Temporary Quarters Allowance you wish to receive:

\_\_\_\_\_ Temporary Quarters **Actual** Expense

\_\_\_\_\_ Temporary Quarters **Fixed** Expense

If you select Temporary Quarters Fixed Expense, please indicate the number of days you think you and/or your family will require: \_\_\_\_\_ (Note: NTE 30 calendar days)

If you have further questions about which option to select, please contact the Relocation Specialist before you make your choice. He/She will provide the calculations to help you choose your option.

7. **TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:**

(Temporary Storage NTE 90 days unless authorized)

- a. Number of bedrooms in current home: \_\_\_\_\_
- b. Anticipated date of shipment: \_\_\_\_\_
- c. Will you require temporary storage at the old official station? \_\_\_\_\_ Approx # of days: \_\_\_\_\_  
Will you require temporary storage at the new official station? \_\_\_\_\_ Approx # of days: \_\_\_\_\_
- d. Mobile home:
- 1) Do you desire to move a mobile home which you own and will occupy as a residence? \_\_\_\_\_
- 2) If so, where is it presently located? \_\_\_\_\_
- 3) Date it will be moved? \_\_\_\_\_

8. **UNEXPIRED LEASE: \* (See Below)**

- a. Are permanent residence quarters currently being leased at old official station? \_\_\_\_\_
- b. Will there be any penalties or expense incurred in connection with settlement of an unexpired lease? \_\_\_\_\_  
If yes, give estimated amount \_\_\_\_\_, and explain below why the expense cannot be avoided:

\_\_\_\_\_

9. **SALE OF RESIDENCE AT OLD OFFICIAL STATION: \* (See Below)**

- a. Do you plan to sell your residence at your old official station? \_\_\_\_\_
- b. Type of residence: \_\_\_\_\_
- c. Is the title in your name or in the name of one or more members of your immediate family? \_\_\_\_\_
- d. Did you acquire the residence prior to the time you were informed of your transfer? \_\_\_\_\_
- e. Do you anticipate completion of the sale within two years after the date of reporting to your new official station? \_\_\_\_\_
- f. Estimated sale price of the residence: \_\_\_\_\_

OR

**RELOCATION SERVICES (GUARANTEED HOME SALE): \*(See Below)**

This services is an optional entitlement **in lieu of Sale** of your residence through a broker in section 8 above. The relocation services company will have independent appraisers assess you home's current value and offer an amount of money to purchase your house that will be an average of two appraisals. You will have 60 days to accept their offer. The advantage of this service is that you have a known sale date. The disadvantage is your house could receive a higher price on the open market with a broker.

Do you plan to use this option versus selling your residence on the open market? (Yes/No) \_\_\_\_\_

Please indicate the estimated value of your home to let the relocation services provider have an idea of open market value: \_\_\_\_\_

10. **PURCHASE OF RESIDENCE AT NEW OFFICIAL STATION: \* (See Below)**

- a. Do you plan to purchase a residence at your new official station within two years after the date you report for duty? \_\_\_\_\_
- b. Estimated purchase price: \_\_\_\_\_

\* (You must complete sale, purchase and lease termination within two years after you report for duty at your new station unless an extension of time has been authorized. You may be granted an extension of two additional year, however, it is the RELOCATING EMPLOYEE's responsibility to request an extension BEFORE the two year period has expired.)

The above responses are accurate and complete to the best of my knowledge at this time. Any significant changes will be brought to the attention of the Relocation Specialist.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

Upon completion of this questionnaire, the Relocation Specialist will complete the following estimates:

- 1) Miscellaneous Expense: Individual: \_\_\_\_\_ Family: \_\_\_\_\_
- 2) Withholding Tax Allowance (WTA): \_\_\_\_\_
- 3) Relocation Income Tax Allowance (RITA): \_\_\_\_\_
- 4) Total of allowable reimbursements: \_\_\_\_\_
- 5) Employer share of FICA/HITS: \_\_\_\_\_
- Total Estimated Expenses: \_\_\_\_\_

**PRIVACY ACT**

In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.